

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012325

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 179

Primary Registration District No. 4287

Registrar's No. 49

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 2 1963

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 100 5th St. Troy Mo.		c. CITY OR TOWN Troy	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 100 5th St.	

3. NAME OF DECEASED (Type or print) First Middle Last JOHN MASHEK			4. DATE OF DEATH Month Day Year Mar. 28 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 28, 1876	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Troy Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A?		13a. FATHER'S NAME John Mashek		13b. MOTHER'S MAIDEN NAME Monica Stanek	
14. NAME OF HUSBAND OR WIFE Mary Mashek		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Chas Mashek		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY ATHEROSCLEROSIS DUE TO (c) UNK.		INTERVAL BETWEEN ONSET AND DEATH SUDDEN	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month; Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 1958 to 3/28/63 and last saw him alive on 3/1/63 . Death occurred at 4:30 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Paul D. Berry M.D.		22b. ADDRESS Troy, Mo.		22c. DATE SIGNED 3/29/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 1, 1963		23c. NAME OF CEMETERY OR CREMATORY Mashek Cemetery	
24. FUNERAL DIRECTOR Wayne McCoy		ADDRESS Troy Mo.		25. DATE RECD. BY LOCAL REG. 3-29-1963	
26. REGISTRAR'S SIGNATURE Charlotte Leek		27. LOCATION (City, town, or county) Lincoln County Mo.			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0570
2 0570
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4 0
5 2
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7 0
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9 420.1
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12 290-0
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John McLean

Licensed Embalmer No.

13586

P. O. Address

Troy Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.